

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.  
**09/242388**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51		0		0		1
2		1		1		1	52		0		0		1
3		1		1		1	53		0		0		1
4		3		3		1	54		0		0		1
5		3		3		1	55		0		0		1
6		0		0		1	56		0		0		1
7		0		0		1	57		0		0		1
8		0		0		1	58		0		0		1
9		0		0		1	59		0		0		1
10		1		1		1	60						
11		1		1		1	61						
12		0		0		1	62						
13		0		0		1	63						
14		0		0		1	64						
15		0		0		1	65						
16		0		0		1	66						
17		0		0		1	67						
18		0	1	1	1	1	68						
19		0		1		1	69						
20	1			1		1	70						
21		1		1		1	71						
22		1		1		1	72						
23		4		4		1	73						
24		4		4		1	74						
25		0		0		1	75						
26		0		0		1	76						
27		0		0		1	77						
28		0		0		1	78						
29		0		0		1	79						
30		0		0		1	80						
31		0		0		1	81						
32		0		0		1	82						
33		0		0		1	83						
34		0		0		1	84						
35		0		0		1	85						
36		0		0		1	86						
37		0		0		1	87						
38		0		0		1	88						
39		0		0		1	89						
40		0		0		1	90						
41		0		0		1	91						
42		0		0		1	92						
43	1			1		1	93						
44		1		1		1	94						
45		1		1		1	95						
46		1		1		1	96						
47		3		3		1	97						
48		3		3		1	98						
49		0		0		1	99						
50		0		0		1	100						
TOTAL IND.	3		2		2		TOTAL IND.						
TOTAL DEP.	105		106		53		TOTAL DEP.						
TOTAL CLAIMS	108		107		54		TOTAL CLAIMS						

BEST AVAILABLE COPY